

## Application Data Sheet

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### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	128/200
Suggested Group Art Unit::	3600
CD-ROM or CD-R::	None
Title::	Intraoral Electromuscular Stimulation Device and Method
Attorney Docket Number::	98-15 D1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	9A
Total Drawing Sheets::	7
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appln.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Stefanie
Family Name::	Lattner
City of Residence::	Gibsonia
State or Province of Residence::	Pennsylvania
Country of Residence::	US
Street of mailing address::	5441 Hardt Road
City of mailing address::	Gibsonia
State or Province of mailing address::	Pennsylvania
Country of mailing address::	US
Postal or Zip Code of mailing address::	15044

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Eric
Middle Name::	W
Family Name::	Starr
City of Residence::	Allison Park
State or Province of Residence::	Pennsylvania
Country of Residence::	US

Street of mailing address:: 3135 West Wind Drive  
City of mailing address:: Allison Park  
State or Province of mailing address:: Pennsylvania  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 15101

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Eugene  
Middle Name:: N  
Family Name:: Scarberry  
City of Residence:: Trafford  
State or Province of Residence:: Pennsylvania  
Country of Residence:: US  
Street of mailing address:: 208 Terrace Court Road  
City of mailing address:: Trafford  
State or Province of mailing address:: Pennsylvania  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 15085

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Douglas  
Middle Name:: M  
Family Name:: Mechlenburg  
City of Residence:: Pittsburgh  
State or Province of Residence:: Pennsylvania  
Country of Residence:: US  
Street of mailing address:: 2155 Cayuga Drive  
City of mailing address:: Pittsburgh  
State or Province of mailing address:: Pennsylvania  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 15239

### **Correspondence Information**

Correspondence Customer Number:: 30031

### **Representative Information**

Representative Customer Number:: 30031

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
This Application	Divisional of	09/817,434	03/26/01
09/817,434	Continuation of	09/436,857	11/09/99
09/436,857	Non-Provisional of	60/108,408	11/13/98

**Assignee Information**

Assignee name:: Respironics, Inc.  
Street of mailing address:: 1010 Murry Ridge Lane  
City of mailing address:: Murrysville  
State or Province of mailing address:: Pennsylvania  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 15668